

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**FACILITIES DEVELOPMENT DIVISION**

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www.oshpd.state.ca.us/fdd
**CERTIFICATE OF INSPECTION AND UTILITY CONNECTION AUTHORIZATION**

OSHPD Project Number:	Increment No.:	Facility I.D. No.:
Facility:		
Address:		
Scope of Work/Project:		
Servicing Utility Company:		
<p>The service at the above location/project is ready for utility connection. The service is:</p> <p><input type="checkbox"/> Electrical at _____ volts, _____ phase, _____ amperage.</p> <p><input type="checkbox"/> Gas at _____ CFH and designed for gas at a specific gravity of _____ and _____ BTU per cubic foot, delivered at _____ inch water column pressure.</p> <p><input type="checkbox"/> Water with _____ fixture units at _____ gallons per minute and an operating pressure of _____ psi.</p>		
<p>To the best of my personal knowledge, as defined in CCR Title 24, Part 1, Section 7-151(b), this utility system has been installed in substantial conformance with the approved plans and specifications and applicable codes and regulations:</p>		
Design Professional of Record	License No.	Date
<p>This utility system has been inspected and tested in accordance with the approved plans, specifications, applicable codes and regulations and is in compliance:</p>		
Inspector of Record	OSHPD Certification No.	Date
<p>Authorization for connection of utility service:</p>		
OSHPD Compliance Officer	Date	